UNITED
NATIONS

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Economic and Social
Council

Distr.
GENERAL
E/CN.4/2001/NGO/63
30 January 2001

Original: ENGLISH

COMMISSION ON HUMAN RIGHTS
Fifty-seventh session
Item 10 of the provisional agenda

ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Written statement*/ submitted by the Asian Legal Resource Centre, a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[22 December 2000]

*/ This written statement is issued, unedited, as received from the submitting non-governmental organization(s).

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Health Care in Cambodia

1. The Committee on Economic, Social and Cultural Rights has observed that, "Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity" (E/C.12/2000/4). This statement is reinforced by article 25(1) of the Universal Declaration of Human Rights; article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR); article 10 of the Declaration of Social Progress and Development and article 8 of the Declaration on the Right to Development.

2. According to the Maastricht Guidelines (1997) States are obliged to respect, protect and fulfil social, economic and cultural rights. These are delineated: "The obligation to respect requires States to refrain from interfering with the enjoyment of economic, social and cultural rights… The obligation to protect requires States to prevent violations of such rights by third parties… The obligation to fulfil requires States to take appropriate legislative, administrative, budgetary, judicial and other measures towards the full realisation of such rights." The Guidelines state that, "Failure to perform any one of these three obligations constitutes a violation of such rights." Furthermore, "Violations of the Covenant [ICESCR] occur when a State fails to satisfy what the Committee on Economic, Social and Cultural Rights has referred to as 'a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights […]. Thus, for example, a State party in which any significant number of individuals is deprived of … essential primary health care… is, prima facie, violating the Covenant.' Such minimum core obligations apply irrespective of the availability of resources of the country concerned or any other factors and difficulties." The Guidelines conclude, "As a matter of international law, the state remains ultimately responsible for guaranteeing the realisation of these rights."

3. Article 72 of the Constitution of Cambodia (1993) adopts these international principles: "The health of the people shall be guaranteed. The State shall give full consideration to disease prevention and medical treatment. Poor citizens shall receive free medical consultation in public hospitals, infirmaries and maternities." Sadly, such guarantees mean little to people whose right to health is being violated daily. In spite of international efforts, the country has not yet recovered from the Pol Pot regime's tragic legacy.

4. A few indicators from the United Nations Development Programme's *Human Development Report 2000* highlight the status of Cambodian people's health: life expectancy at birth is 53.5 years; infant mortality is 104 per 1,000 live births and 163 per 1,000 live births for under age 5; maternal mortality is 470 per 100,000 live births. Additional figures from the 1998 report reveal that 40 percent of children under age 5 are underweight, 64 percent of the population is without access to safe water, 86 percent without access to sanitation and 47 percent without access to health services. The cumulative result, according to the 2000 report, is that 27.7 percent of the population is not expected to survive to age 40, and 46.6 percent is not expected to reach age 60.

5. In September 2000, the Asian Legal Resource Center conducted an investigation into Cambodia's health care system. It confirmed the poor state of the Cambodian people's health and found that this was due to a lack of funds, the poor quality of medical service, corruption and public distrust of doctors and hospitals.

6. The average salary of a Cambodian doctor in a public hospital is US$15-20 per month. Consequently, doctors in public hospitals refuse to see patients with no money, even in the emergency room. Medicine from donor countries that disappears from hospitals reappears in the black market.

7. Medical staff are unevenly distributed throughout the country. 87 percent of people live in the country's rural areas but only 14 percent of Cambodia's medical staff are based there. Some staff outside urban areas are illiterate or semi-literate. The lack of health care professionals in the countryside has implications for rural poverty. In Srey Santhor District, Kompong Cham Province, the Asian Legal Resource Centre found that among farming families who had lost their lands, in 44.6 percent of cases the loss was precipitated by illness preventing farmers from working their fields.

8. Denial of the Cambodian people's right to health is felt intensely in everyday life. The Asian Legal Resource Centre witnessed an accident, for example, involving a seriously injured motorbike taxi driver. When an ambulance arrived, the man refused to go to hospital because he had only 300 riels (US$ 0.08) in his pocket. Without enough money, he knew that he would only be sent home upon arrival, consequently he insisted on going home rather than to hospital. This incident was not unusual; while in the capital, the Asian Legal Resource Centre heard the following cases.

    a. A young woman reported that her friend fell off her motorbike and suffered concussion. Her friends took her to hospital, where they were instructed to register her for a fee. When they said that they didn't have money the staff turned their backs and the patient was abandoned. While they cried for help, the patient came to and a doctor said she would be all right. She went home and died that night after vomiting blood.

    b. A man in his early 50s testified that after a hand injury received while working on a construction site swelled and became discoloured he borrowed some money and went to a hospital. According to the man, "Soon after the doctor's examination, I was taken to the operating room. The doctor neither explained anything to me nor asked my permission; my hand was cut off at the wrist with an electric saw."

    c. The 30 month-old baby boy of one woman had a high fever. At the hospital staff asked whether she had money, whereupon she showed 500 riels (US$ 0.13). After some perfunctory questions she was told to give the money in exchange for some tablets, which she believes were asprin, and instructed to feed the baby three per day. Two days later the baby died.

    d. A young man working as a garbage collector in the central market explained that after his wife delivered their first baby she lost consciousness. Taking

her to hospital, he was told to pay 3,000 riels (US$0.77) and register at the reception desk. The man continued, "I only had 500 riels at that time and told them so. I was told to wait until someone called me. I was not called by anyone though, even after my wife died in the chair of the hospital waiting room."

9. These cases clearly illustrate widespread denial of the Cambodian people's right to health. With spending on health amounting to only 0.6 percent of Cambodia's gross domestic product, health care in the country is unlikely to improve in the near future. The Cambodian government is failing to meet its obligations to both protect and fulfil the right to health of its people. It is failing to prevent violations of people's right to health by doctors and other health care staff and is not taking legislative, administrative, budgetary, judicial or other measures to reverse the present situation. While lacking in financial resources, the Government of Cambodia could nevertheless begin by re-channelling spending from other areas, such as the 2.7 percent of gross domestic product used on defence, towards health care.

10. The international community also has a responsibility to ensure that the Government of Cambodia upholds the right to health. In addition to reminding the government of those obligations under the Constitution and the ICESCR, which it ratified in 1992, the international community can provide financial and technical assistance. Additional support would be a small price to pay. The United Nations' efforts to promote the civil and political rights of the Cambodian people during the past decade will otherwise be of little use to a people who are being killed and maimed by a system that is denying their right to health.